

Mental Health Services Of Catawba County

Draft Local Business Plan

January 2, 2003

Section X. Collaboration

Contact Person:

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Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828) 695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
Submission Date	01/02/03

Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations. : - A methodology for ensuring broad-based active participation with multiple agencies and providers
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Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>Examined and identified agency-wide collaboration processes to date.</p> <p>Assessed Area Program's current relationships with agencies, organizations and providers connected to the Area Program.</p> <p>Program Manager's Team, Management Team, and Multidisciplinary Treatment Teams have begun to evaluate and coordinate internal collaboration efforts.</p> <p>Have completed a community needs assessment to include consumers, CFAC, consumer advisory groups.</p> <p>Collaboration efforts to date have included:</p> <ul style="list-style-type: none"> - Juvenile Justice and Criminal Justice partnership - Children's Advocacy Center 	<p>Assess Area Program's current relationships with agencies, organizations, and providers to update collaborative efforts and identify leadership.</p> <p>Review MOU's, contracts for potential collaborative opportunities</p> <p>Conduct community needs assessment, consumer focus groups, and agency provider forums at least annually to review collaborative efforts with report to LME Director.</p> <p>Acquire/analyze data relative to special populations and geographic areas to determine where population is underserved and where collaborative efforts need to be focused and strengthened.</p> <p>Will integrate collaboration efforts and link to CFAC.</p>	<p>Current organizational structure does not have specific positions focused on collaboration. This will be addressed in agency structure as we move to implement the state plan.</p> <p>Lack of response from the community in past efforts:</p> <ul style="list-style-type: none"> - polling of community psychiatrists reveal limited interest in working with the LME - few providers of periodic services have responded to requests for involvement in the planning process <p>History of independent service provision.</p> <p>Socio-economic barriers to participation by minority populations and low-income groups.</p> <p>We are between systems (going from service provider to service broker) and must accomplish multiple tasks simultaneously.</p>

<ul style="list-style-type: none"> - Children's Collaborative with input from DSS, parents, service agencies, Sipe's Orchard residential facility - Nonprofit interagency council - membership on FEMA boards - involvement in all 3 school districts in the county - oversight and participation in Smart Start - collaboration with Econoforce, a private, nonprofit ADVP program - Consortium-Public Health, Mental Health (ECIS) and Developmental Evaluation Center-meets weekly; referral to one is referral to all 3 agencies - Faith Community Task Force on Poverty. ECIS Coordinator is on this committee. Community agencies including DSS, Sipes Orchard Residential Treatment Facility, Salvation Army, Family Care Center, Christian Ministries. Meetings held monthly to look at how to make a difference, how not to duplicate but to collaborate. - Parent Education and Training classes. Collaborate with Courts and other community agencies. Mostly these at risk parents are agency referred or court ordered to attend but can be a self-referral from parent in the community. - LICC (Local Interagency Coordinating Committee) Early Intervention agencies and consumers meet monthly regarding awareness, needs assessments and community review issues - Building projects-The County has provided a large percentage of funding for new building projects, i.e. addition to Main MH Center, new Life Skills (ADVP) building with increased capacity and has allowed the use of existing 		
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<p>buildings they own to be used for service provision, e.g., Newton Supported Living Houses, Connections Clubhouse.</p> <ul style="list-style-type: none"> - ACT-child day program site collaboration. - CVCC -Life Skills (ADVP) participants have been involved in pottery, ABE, comp ed classes. - Support Groups-We collaborate with private agency serving folks with TBI. We were able to get some 1 X funding to contract with this agency to provide cognitive retraining, consultation, and staff training (includes other provider agency staff working with persons with TBI) - Catawba Valley Brain Injury Alliance-Provider agency, MHSCC, Frye and Catawba Medical Centers, consumers planning for group events, info regarding State issues, conferences and awareness. - Clerk of Court-Has been able to provide staff training at our request and participates in difficult guardianship issues meetings. - Sheriff's Department -Provides transportation as requested by Area Director . - Habitat for Humanity-Some of our units have participated in this effort as a group team building effort. - Hmong Association-They have provided some interpreter services and provided cultural diversity training to staff. - A.C. Moore-Has provided craft classes for participants in Life Skills (ADVP) 		
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<ul style="list-style-type: none"> - Ongoing collaborative efforts with: Adult Care Home Collaboration Metrolina Food Bank Exodus House Western Piedmont Council of Governments Centro Latino Hickory Soup Kitchen Hospice of Catawba Valley Area Agency on Aging Piedmont Wagon - Established regular collaborative efforts with current contract agencies - Collaborative efforts with Catawba County Government: <ul style="list-style-type: none"> - maintenance of buildings, all residential facilities, vehicles for transporting consumers to residential and day programs - gasoline for area program vehicles is at the county rate which is currently half the market rate 		
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Reviewers Comments:

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Contact	John M. Hardy, Area Director, (828) 695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
Submission Date	01/02/03

Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations. - A description of how non-public agencies, faith-based organizations, universities/ colleges and non-profit organizations will be involved in community collaborative efforts.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>Critical Incident Stress Management (CISM) team has included pastors</p> <p>Collaboration with Cooperative Christian Ministries and other Christian ministries to provide services and assistance with medications through the pharmacy program, free medical clinic, food, utility assistance, etc.</p> <p>Outreach to Lenoir-Rhyne College—our agency accepts Occupational Therapy interns for 12-week periods in day/residential programs</p> <p>Collaborative efforts with Habitat for Humanity around housing issues</p> <p>Cooperation with Salvation Army for shelter, food and clothing</p>	<p>Identification of faith-based, etc. organizations in the catchment area</p> <p>Develop forum and invite organizations to participate and discuss state plan related issues</p> <p>Extend invitation to participate in efforts to implement state plan</p> <p>Connect with Catawba County DSS Faith-Based Coordinator</p> <p>All collaborative efforts will be done in connection with the development of the Qualified Provider Network.</p>	<p>Historical separation of public and religious organizations.</p> <p>Reluctance by consumers and secular organizations due to diversity of beliefs</p> <p>Faith-based organizations often may not have clear understanding of mental health needs.</p> <p>Faith-based organizations may have agendas that run counter to working with a secular consumer base, for example: proselytizing efforts, difficulties in working with non-Christian individuals, etc.</p> <p>Confidentiality is often a problem.</p>

<p>Caring and Sharing, an internal program to solicit contributions to meet client needs, has included churches for providing assistance to agency consumers</p> <p>Work with Exodus and Flynn Homes halfway houses, both Christian-based services for alcohol and drug treatment and housing needs</p>		
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<p>Reviewers Comments:</p>

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Submission Date	01/02/03

Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations. - A mechanism for involving people with disabilities and their families in community collaborative efforts.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
CFAC established Client Rights Committee is active and vocal and has a well-established membership, forming the basis for future connections with collaborative resources/efforts Held series of open forums for consumers Have annual provider fairs for DD consumers Annual Friends and Family day at PSR Consumers involved as members of the planning committee for MH Reform Consumers involved in the screening process when recruiting for management positions	Continue support and involvement of CFAC in every phase of MH Reform Incubate and assist advocacy groups within the community Continue community-wide consumer and family forums to update consumers and solicit input on state plan related issues Educate community about mental illness, developmental disabilities and substance abuse; explore development of support system that accommodates pauses in participation versus denying participation (in reference to cyclic nature of some disorders)	No identified national or statewide advocacy groups in Catawba County's catchment area due to lack of disgruntlement expressed by clients – open door policy encourages consumer satisfaction Lack of transportation is a problem for many consumers due to rural areas in the community Language/cultural issues prevent some consumers from being participants in the process Cycles of illness can interrupt participation of people with disabilities in major community activities/roles

Consumer groups involved in many aspects of agency planning and service development and diversity issues Support of consumer-run advocacy group at the clubhouse	Identify and build on extra supports needed to facilitate highest level of participation by all consumers (coaching, meeting ahead of time to talk about what will be discussed, etc.) Address collaborative efforts as part of client rights and Client Rights committee	
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Reviewers Comments:

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Submission Date	01/02/03

Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations. - A description of how community collaboration will minimize the silos that currently exists within our system.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>CFAC participation and oversight with representation from all disability areas.</p> <p>Beginning to collapse Case Management into a single service, and separating it from other service delivery system in Area Program (AP).</p> <p>Invitation of provider pool to discuss service provision in the AP.</p> <p>Collaborative efforts with DSS and Public Health. Merging of child and adult SA services with Family and Children's outpatient services.</p> <p>Collaboration with school system to provide child day programming for seriously disturbed children</p> <p>Jail diversion program for SPMI consumers. Juvenile Justice collaboration.</p>	<p>Develop more opportunities for clients and families to participate in forums.</p> <p>Identify turf issues around provision of services.</p> <p>Bring professionals to the forums to develop plans to share services and resources.</p> <p>Advocate for more flexible funding guidelines to maximize resources and collaboration.</p>	<p>Confidentiality of client information.</p> <p>Distrust, turf issues, fear of loss of resources by providers of service, fear of loss of identity and loss of control of resources.</p> <p>Recognition that silos exist now because of liability issues, age/disability-specific funds that cannot transfer across disability or age groups.</p>

Developing mechanism for transitioning children into adult mental health services; DD case management supervisor now supervising family & children's case managers		
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<p>Reviewers Comments:</p>

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Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations. : - A methodology for ensuring that collaboration efforts include a focus on target populations, including those with co-occurring disorders.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>Development of multidisciplinary treatment team and ACT Team.</p> <p>Collaboration, treatment team/action meetings with DSS and other agencies around clients in target population and with co-occurring disorders.</p> <p>Contracts with hospitals (Frye, Catawba) to provide integrated services to dually diagnosed individuals.</p> <p>Identified staff that are contacts for adult care home providers and consumers of adult care home services to facilitate optimal service delivery</p> <p>Developed baseline representative of target population currently served in Area Program, by which collaborative entities involved with this group were identified</p>	<p>Provide education to agencies and providers regarding all disabilities within target populations</p> <p>Develop protocol to ensure issues related to target population service provision are addressed in planning process with input from CFAC.</p>	<p>Lack of education and understanding of co-occurring disorders.</p> <p>Difficulties inherent in the target populations and resulting provider reluctance to treat this group (e.g., clinical risk factors, high maintenance, non-compliance, high no-show rate, etc.)</p> <p>Financial & other resources are lacking to pay for services.</p> <p>Downsizing of facilities/agencies due to budget issues; decreased number of providers to collaborate with; budget issues also exist in the community</p>

		In the LME role, the “ <i>provider</i> of last resort” has been removed with the divestment of services by the Area Program. However if services must be provided because the QPN is unable or unwilling, funding issues become a major concern
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<p>Reviewers Comments:</p>

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Submission Date	01/02/03

Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations.
 - A list of key indicators for successful collaboration is provided with an accompanying means of analysis and methods for improvement.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>Attendance at each of the forums was documented to determine the types of individuals who attended</p> <p>Have begun development of a mailing list of individuals who are interested in reform efforts and its effect on the community</p> <p>Examined the resources available in the catchment area matched with the community characteristics to determine strengths/weaknesses of current collaborative efforts</p>	<p>Successful collaboration will be measured by attendance or participation on community or provider boards, advisory committees, agency events, smooth referrals between agencies or services, positive results from the assessment process.</p> <p>Management will take information obtained, prioritize the indicators, and develop a mechanism for obtaining information, analyzing the information, and utilizing the information.</p> <p>Assess reasons for lack of participation by key providers. Advocate the need for financial incentives to promote more initiative from the community.</p>	<p>Lack of participation from key providers. Not knowing who will be at the table.</p> <p>Lack of incentives to participate and collaborate. (e.g., financial, resource realignment,etc.)</p> <p>Communication/language/cultural barriers might not be fully identified or ameliorated at this time</p>

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Item: X. Collaboration 1

<p>Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations.</p> <p>- There is a description of the communities within the LME, including population, demographics, size, etc.; analysis of the number and variations of communities with the LME catchment area; and how the LME collaboration efforts will be implemented within communities with a large geographic area or widely diverse population.</p>
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Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>We have defined our population and demographics through the COA process in 2000. Current census data has been obtained.</p> <p>We have begun more concentrated efforts at defining unique characteristics of the catchment area such as: urban/rural, accessibility of services, transportation availability, race/cultural distribution, and varied socio-economic concentrations as it relates to collaboration.</p> <p>Collaboration committee has reviewed the available data identifying existing collaborative efforts in place</p>	<p>Continue to update and detail community profile that includes the required information and portrays a complete picture of the collaborative groups needing attention.</p> <p>Consult with local Chamber of Commerce to maximize information available in planning efforts.</p> <p>After data is gathered, management will analyze for trends and develop a mechanism to address the needs of the different populations which will prioritize collaborative entities and issues to be addressed.</p>	

Reviewers Comments:

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Submission Date	01/02/03

Item: X. Collaboration 1

Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations.

- A policy is attached indicating that the LME can and will play an ongoing key leadership role in local community collaboration in integrating and coordinating with the services of other state and local agencies.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
Draft Collaboration policy has been developed and approved by the Quality Management Team outlining the LME leadership role in local community collaboration.	Policy will be presented to the board stating that the LME will play an ongoing key leadership role in local community collaboration in integrating and coordinating with the services of other state and local agencies.	

Reviewers Comments:

Attachment A - Draft Collaboration Policy

Mental Health Services of Catawba County

POLICIES AND PROCEDURES

ACTIVITY: Local Management Entity (LME)
Of Catawba County
SUBJECT: Collaboration

Number:
Effective Date:
Amended Effective:
Approved:
QMT Approved: 11/08/02

POLICY:

Mental Health Services of Catawba County is committed to playing an ongoing key leadership role in local community collaboration involving the integration and coordination of the services of other state and local agencies.

PROCEDURE:

1. The Area Director will designate a staff person who will oversee and monitor collaboration efforts within the agency.
2. The Quality Management Team of MHSCC, or a designated sub-committee, will review the collaboration processes on at least an annual basis. The examination of these processes will seek to determine if there are any barriers that exist within service delivery areas.

History Note:

Approved by the Quality Management Team on 11/08/02. Approved by the Mental Health Board on and effective.

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Item: X. Collaboration 1

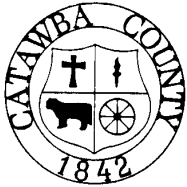
Goal: The local business plan delineates a process that supports and encourages collaboration among community agencies and organizations.
 -There is a letter attached of endorsement of the community collaboration process and/or a report of issues and concerns submitted by the CFAC

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>CFAC was educated on the state planning process and the state reform efforts as part of their orientation.</p> <p>Chair of Collaboration Committee presented the plan to CFAC and incorporated their input into the current submission. (Attachment B)</p> <p>.</p>	<p>Collaboration Committee will develop a full collaborative plan and present to CFAC for input and approval for all quarterly updates and final submission.</p> <p>Will integrate and organize agency-wide collaboration efforts and integrate with CFAC involvement.</p>	<p>Complexity of issues brought to CFAC will require significant education of the CFAC and time needed to process the issues.</p>

Reviewers Comments:

Attachment B – CFAC report



CATAWBA COUNTY MENTAL HEALTH SERVICES

November 21, 2002

Secretary Carmen Hooker Odom
Dr. Richard Visingardi, Deputy Director
Dept. of DHHS
3001 Mail Service Center
Raleigh, NC 27699-3001

Dear Secretary Odom and Dr. Visingardi:

RE: Report in response to the Local Business Plan submitted by Mental Health Services of Catawba County.

The Catawba County Consumer and Family Advisory Committee (CFAC) was formed in August 2002. We are represented by both primary and secondary consumers from all disabilities. Our members have maintained a high level of commitment to the planning process based on the Division's willingness to respect and listen to our voices in this process. We also have full support from Mental Health Services of Catawba County.

We began meeting in August 2002 and meet at least three times a month. We developed a basic understanding of Mental Health Reform and our role and responsibilities in developing our Local Business Plan. We received orientation and education relating to Mental Health Reform and how it would impact the current services delivered by MHSCC in our first meeting. We learned about services delivered in Catawba County and about the changes to come with Mental Health Reform. We were given resources to better understand the terminology used in the various disabilities.

CFAC sponsored a standing-room-only forum for consumers to learn about Mental Health Reform, and we responded to their questions and concerns. The forum assisted CFAC to identify service gaps within the community. CFAC will host additional consumer forums as the planning process continues. Also, we hope to host a Western Regional CFAC meeting in the spring of 2002.

We have developed a sense of trust and friendship within our Committee. Members see a real benefit with all disabilities being represented. This allows opportunity to build bridges between the different disabilities and to break some of the barriers that exist when consumers from different disability areas are isolated from each other. Frequency of meetings allows opportunity for questions and discussions.

Our Committee has been involved throughout the planning process in many ways. The chair and co-chair of our committee are part of the MHSCC Planning Committee responsible for development of the strategic plan and divestiture. They have shared planning information with the entire committee and have also shared concerns from committee members back to the planning committee for incorporation into the plan. In addition, sub-committee chairs from the following sections: Planning, Qualified Provider Networks, Service Monitoring and Oversight, Evaluation and Collaboration have all presented to our committee and have addressed our questions and concerns. The sub-committee chairs incorporated many ideas/concerns from our CFAC members. The CFAC of Catawba County endorses the Collaborative Planning process as outlined to them by the chair of the Collaboration Committee.

Secretary Carmon Hooker Odom
Richard J. Visingardi, Director
November 22, 2002
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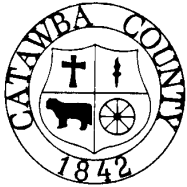
Our members unanimously agree that they have had meaningful input into the planning process. We have appreciated MHSCC staff taking the time to answer questions and to explain systems in an easy-to-understand manner.

Catawba County CFAC supports the local business plan as presented. We have also attached a letter of concern regarding some of the Mental Health Reform mandated changes.

Sincerely,

James C. Jones, Chairman
Consumer Family Advisory Committee

Denise B. Little, Vice-Chairman
Consumer Family Advisory Committee



CATAWBA COUNTY MENTAL HEALTH SERVICES

November 21, 2002

Secretary Carmen Hooker Odom
Richard J. Visingardi, Director
Division of Health and Human Services
3001 Mail Service Center
Raleigh, NC 27699-3001

Dear Secretary Odom and Dr. Visingardi:

Catawba County CFAC members appreciate that "consumer involvement" was placed at the center of the State Plan for Mental Health Reform in North Carolina. We take our responsibility to our fellow consumers very seriously and feel our obligation to inform the Division of our concerns with regard to Mental Health Reform.

We have learned much over the past few months about the current system and the reasons for this reform. We agree that some of these changes have the potential to be of benefit to many. However, we feel obligated to express to the Division some of our concerns as consumers who utilize these services in the local community here in Catawba County. They are:

1. Non-target population. Many Substance Abusers will be at risk. They require quality services, and MHR most likely means they will not receive the services they so require.
2. Area Programs. Currently, area programs provide quality services. Mandating divestiture across the board does not provide true consumer choice. Why rush quality mental health programs to divest? Would you consider piloting divestiture in several area programs, learning from this experience, and then making the needed changes to the whole system?
3. Transportation. This is a high need area. Our area program has subsidized this service. Without the flexibility of a program to subsidize, this service may not be available. Consumers will not be able to attend day treatment or get to their doctor appointments, etc. Our area program vans are owned and maintained as part of Catawba County's transportation fleet. This arrangement has worked in our county and has made a very costly service more efficient and cost saving.
4. Provider accountability. This is a huge concern. Without accountability, quality services will decline. We feel without local control over direct billing that service delivery will be affected negatively. We request that all providers be required to bill through the LME.
5. Emergency funds are needed. With the elimination of the area program's fund balance, this service will be gone. These funds assist with preventing hospitalizations by reducing the stress of the lack of meeting our everyday needs such as housing, paying our utility bills, purchasing needed medications, etc. Most private providers will use excess revenue for profit, **not to establish** an emergency fund.
6. Faith-based organizations. Due to a limited understanding of mental illness by some in this group, this idea might not be beneficial to **all consumers**.
7. System of care for Children. There is a need from the State to clearly define the funding sources for children.
8. Professionals Who Will Accept Medicaid. The local community has a limited number of doctors and dentists who accept Medicaid. Without area program assistance, consumers who are Medicaid eligible may have difficulty receiving these services.

Secretary Carmon Hooker Odom
Richard J. Visingardi, Director
November 22, 2002

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9. Standardization. We feel certain processes across county and regional lines should be standardized in order to guarantee the highest quality of services. (i.e., provider accountability, incident reporting, etc.)
10. Staff Turnover. Private providers routinely have a higher staff turnover rate than the area programs, and this contributes to a lower quality of service.
11. Other Needed Services. We believe the state should support more supportive employment, community awareness, and emergency services. We understand the state has no established funding system in place to address MHR, and we are fearful these services may not be provided in the future.
12. Communication. We believe there is a need for increased communication and contact in the areas of consumer complaints and concerns. We are aware that no Division level CFAC exists. We welcome the opportunity to work with the Division CFAC once established.
13. State Hospital. Downsizing of the state hospitals will require more service capacity in the community and more housing programs. The State Plan does not address how to adequately fund these services.

At our last meeting we received an overview of our community capacity relating to Broughton Hospital bed closures. Because this information was delayed from the Division and meeting our requirement to review the Area Program plan due to the Division by November 27, 2002, we are in general endorsing the use of bridge funds to support best practice models of care. In Catawba County, we support the expansion of our ACT Team. In the future we see the need for expanding available affordable housing and transportation for those who not be served at Broughton.

14. Target Population. This idea is appropriate, but we want to be sure the Division will monitor individuals no longer eligible for services paid for by state dollars.

We appreciate the opportunity to voice our concerns, and we look forward to further communication with the Division.

Sincerely,

James C. Jones, Chairman
Consumer Family Advisory Committee

Denise Little, Vice-Chairman
Consumer Family Advisory Committee

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Submission Date	01/02/03

Item: X. Collaboration 2

Goal: The local business plan meets the requirements of all applicable state rules and regulations regarding collaborative relationships. - System of care for children's funding.
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Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
Have Comprehensive Treatment Service Programs (CTSP) established with participation from community agencies.	Continue to build upon existing system of care for children's funding involving community partners, stakeholders, private providers and the CFAC.	<p>State has not disclosed the funding stream for CTSP and other child funding sources.</p> <p>Incentives are lacking for providers to participate in the system of care process.</p> <p>State budget cuts make it difficult to maintain, much less expand, existing system of care.</p> <p>Historically, there has not been a strong children's leader in this community.</p> <p>Political and turf issues exist among service providers for children</p>

Reviewers Comments:

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Submission Date	01/02/03

Item: X. Collaboration 2

Goal: The local business plan meets the requirements of all applicable state rules and regulations regarding collaborative relationships.
 - Adult, child and adolescent substance abuse services.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>We currently complete and monitor all necessary reports to meet state and federal rules and regulations.</p> <p>We have contractual arrangements with providers of SA services that include the requirements that regulations are met. Audits are performed regularly to encourage compliance.</p>	<p>The LME is moving toward enhancing and expanding contractual arrangements. All state and federal rules and regulations will be incorporated into the contracts.</p> <p>The LME will provide technical assistance to providers regarding the state and federal guidelines and how to meet these guidelines.</p>	<p>Reluctance of providers to enter into contracts that have significant documentation and reporting requirements.</p> <p>Lack of incentive for providers to comply if billing is not done through the LME.</p> <p>Questions about Work First funding continuation.</p>

Reviewers Comments:

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Submission Date	01/02/03

Item: X. Collaboration 3

Goal: The local business plan describes how the LME will identify, build on, develop and manage a network of informal services and resources necessary to provide the foundation for individualized support and community integration at the consumer, family and community level. The LME identifies community resources such as:		
- Medical services	- Self advocacy groups	- Special purpose groups, such as bereavement groups
- Nutrition services	- Employment training/counseling	- Educational groups, such as parenting classes
- Transportation resources	- Shelters	- Leisure activities
- Local Employee Assistance Programs	- Specific faith-based groups	- Other resources needed in the community

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
Community resources have already been identified and put into a Human Resources Directory published by the United Way.	Update the information and keep the database current as we learn of new resources and providers in the community.	Historically, there have been limited attempts to collaborate fully with the faith-based community.
Community resources have been placed in a database and are available to all county employees through the intranet.	Involve Catawba County faith-based organizations in inter-faith efforts and the identifying and sharing of information.	Some religious groups have difficulties in working with other groups that are not of their faith.
Networking within the case management system to identify and share informal supports.	Coordinate activities with the Catawba County DSS Faith-Based Coordinator.	
	Identify and promote consumer-operated services.	

Reviewers Comments:

Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828) 695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
Submission Date	01/02/03

Item: X. Collaboration 4

Goal: The local business plan has a plan to meet the federal Synar amendment, including:

- Designation of liaison for reducing youth accesses to tobacco products.
- Leadership in community implementation of provisions.
- Provision of a minimum of 8 hours per month of consultation, education and primary prevention specifically directed toward youth access community collaboration, merchant education and law enforcement activities.
- Appropriate event documentation through standardized reporting format.

Effective Date: 01/03

Steps Taken	Steps Planned	Barriers
We have had a designated liaison since the inception of the Synar requirement. We keep track of the liaison's time and are in complete compliance with this requirement.	Continue to monitor and meet the requirements of this amendment.	

Reviewers Comments: